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7590

11/16/2004

JEFFREY J. KING, ESQ
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02/09/2005 LWONDIM2 00000050 09887469

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Susan M. Wanger	(Depositor's name)
<i>Susan M. Wanger</i>	(Signature)
February 4, 2005	(Date)

01 FC:1501	1400.00 DP				
02 FC:1504	300.00 DP				
03 FC:8001	30.00 DP				
APPLICATION NO.	FILING NO.	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/887,469	06/22/2001	Christine D. Kreml	NIH-013/E-225-00/1	6953	

TITLE OF INVENTION: RESPIRATORY SYNCYTIAL VIRUS VACCINES EXPRESSING PROTECTIVE ANTIGENS FROM PROMOTER-PROXIMAL GENES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1270 \$1400.00	\$300	\$1570 \$1700	02/16/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CHEN, STACY BROWN	1648	424-211100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 _____
2 Graybeal Jackson Haley
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Dept. of Health & Human Svcs. Rockville, Maryland USA
The Govt. of USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1897 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Jeffrey J. King

Date February 4, 2005

Registration No. 38515

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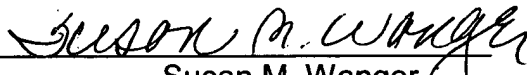


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Christine D. Krempf, et al.
Serial No.: 09/887,469
Filing Date: June 22, 2001
Title: Respiratory Syncytial Virus Vaccines Expressing
Protective Antigens From Promoter-Proximal Genes
Attorney Docket No.: 2303-032-03

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 4th day of February, 2005.


Susan M. Wanger

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(Issue Fee - \$1400; Publication Fee - \$300; Advance Order Fee- \$30)
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